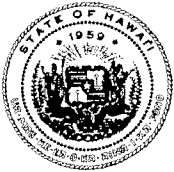


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**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

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STATE OF HAWAII  
 STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Dineen	Tom		734-8102
MAILING ADDRESS (Street)			FAX
3694 Kawelolani Place			735-7686
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Self			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	


PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
E Non Corporation			593-0873
MAILING ADDRESS (Street)			FAX
Pier 31 791 N. Nimitz Hwy			593-8752
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Katsumi Tanaka			593-8073 ext. 400
MAILING ADDRESS (Street)			FAX
P.O. Box 235873			593-8752
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/23/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	--

Maki Kuroda

President

NAME OF ORGANIZATION (if applicable)

E Noa Corporation

TELEPHONE

593-8073 ext 371

MAILING ADDRESS (Street)

P.O. Box 235873

FAX

593-8752

(City)

Honolulu

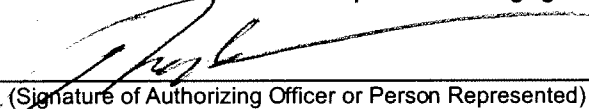
(State)

HI

(Zip Code)

96823

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/22/07

(Date)